

<b>Case Number:</b>	CM15-0138340		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male who reported an industrial injury on 4/6/2007. His diagnoses, and or impression, were noted to include: bilateral knee arthritis, status-post right knee arthroscopy. No imaging studies were noted. His treatments were noted to include bilateral knee arthritis, status-post right knee arthroscopy. The progress notes of 5/21/2015 reported an orthopedic re-evaluation for ongoing complaints of knee pain that was exacerbated by prolonged weight bearing and cold weather, noting functional improvement and pain relief with the adjunct of regular exercise and Voltaren as an anti-inflammatory. Objective findings were noted to include tenderness along the patella facets and medial joint lines of the bilateral knees; and sub-patellar crepitation and pain with range of motion. The physician's requests for treatments were noted to include the continuation of Diclofenac Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Diclofenac sodium 75 mg #60 x2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 66-73.

**Decision rationale:** Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of Diclofenac is not substantiated in the records. Therefore, the request is not medically necessary.